

**BEST AVAILABLE COPY**

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>[Handwritten]</i>	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8	1						58			
9							59			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>			
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>			
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>			